

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4 **In The Matter of Charges and**)
5)
6 **Complaint Against**)
7)
8 **NAVNEET SHARDA, M.D.**)
9)
10 **Respondent.**)

Case No. 10-11856-1

FILED

OCT 25 2010

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

11 **COMPLAINT**

12 The Investigative Committee of the Nevada State Board of Medical Examiners, composed
13 at the time filing was approved of Charles N. Held, M.D., Theodore B. Berndt, M.D. and
14 Ms. Valerie Clark, BSN, RHU, LUTCF, having a reasonable basis to believe that
15 Navneet Sharda, M.D., hereinafter referred to as Dr. Sharda, has violated the provisions of
16 NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's
17 charges and allegations, as follows:

18 1. Dr. Sharda is currently licensed in active status (License No. 8200), and was
19 originally licensed on June 10, 1997 by the Nevada State Board of Medical Examiners pursuant to
20 the provisions of Chapter 630 of the Nevada Revised Statutes.

21 2. Patient A was a seventy-year old female at the time she first presented to
22 Dr. Sharda. Her true identity is not disclosed to protect her privacy, but her identity is disclosed in
23 the Patient Designation served on Dr. Sharda along with a copy of this Complaint.

24 3. Patient A's medical history includes a left lung thoractomy in 1968 for a benign or
25 malignant disease; stage II colon cancer for which she underwent surgery in June 2004; and a left
26 temporal artery biopsy in August 2004 for headaches which was negative. The pathology report
27 from Patient A's June 2004 colon cancer surgery reported well to moderately differentiated
28 adenocarcinoma with transmural penetration, surgical margins free of tumor.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
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1 4. On September 28, 2007, Patient A underwent a brain MRI requested by her primary
2 care physician as part of a work-up for continued headaches.

3 5. The MRI reported an “extraaxial lesion anterior left parietal region adjacent to the
4 midline with a moderate amount of associated vasogenic edema. Given the characteristics, would
5 favor an extraaxial metastatic lesion over a benign entity such as meningioma. An atypical or
6 aggressive meningioma is on the differential.” Patient A’s primary care physician referred her to
7 Dr. Sharda for a radiation oncology consult. The record indicates that a neurosurgery consult was
8 also sought; however the record is silent as to whether this occurred.

9 6. Patient A presented to Dr. Sharda on October 5, 2007 for a consultation. Dr. Sharda
10 performed a PET scan during the appointment which he interpreted as showing two left lung
11 lesions which were concerning for metastatic disease. Patient A did not report experiencing any
12 pulmonary symptoms at the time. Dr. Sharda prescribed whole brain radiation therapy for the
13 suspected brain metastasis noting that the radiation therapy was palliative as well as for control.

14 7. Patient A underwent another MRI of the brain on October 25, 2007 at the request of
15 Dr. Sharda. The MRI reported a stable left parietal meningioma. There is no mention in
16 Dr. Sharda’s medical records for Patient A regarding the findings of the October 25, 2007 brain
17 MRI.

18 8. No further workup was completed, nor any other consultations requested prior to
19 beginning the radiation therapy for the suspected brain metastasis. There is no indication that the
20 risks, benefits and alternatives of the radiation therapy were discussed with Patient A prior to
21 radiation beginning. Patient A completed five weeks of radiation therapy for the suspected brain
22 metastasis on November 5, 2007. The whole brain received 3750 cGy in 15 fractions and a
23 countdown boost to the gross tumor volume of an additional 1250 cGy resulting in the gross tumor
24 receiving 5000 cGy in 20 fractions.

25 9. Subsequent to the radiation therapy for the suspected brain metastasis, radiation
26 therapy was began for suspected lung cancer. Patient A underwent eight weeks of radiation
27 therapy which was completed on January 23, 2008, the final dose being 7020 cGy in 39 fractions.
28 Other than the PET scan performed in October 2007, no further work up was done or referrals

1 made for consultations or complementary treatments prior to beginning radiation therapy for the
2 suspected lung cancer. The risks, benefits and alternatives of the radiation therapy were not
3 discussed with Patient A prior to beginning the radiation therapy.

4 10. January 15, 2008, Patient A underwent another MRI of the brain which noted no
5 significant change from the MRI of October 25, 2007 with the exception of the amount of
6 vasogenic edema underlying the brain nodule being slightly worse.

7 11. In January 2008, Patient A underwent MRIs of both lumbar and thoracic regions
8 due to back pain. The thoracic MRI indicated multiple Tarlov cysts and no evidence of metastatic
9 disease. The lumbar MRI indicated an enhancing sacral mass suspected to be a bone metastasis or
10 bone tumor. Dr. Sharda's records indicate that palliative radiation to the sacrum was planned but
11 no further records exist to show whether radiation therapy occurred. Subsequent studies and
12 follow-up of Patient A showed no signs of metastatic disease.

13 12. In February 2008, Patient A was seen by a neurosurgeon after being referred for a
14 consultation for possible resection of the brain tumor due to recurring headaches. The
15 neurosurgeon suspected a meningioma. The tumor was ultimately removed in December 2008
16 and pathology reports indicated that it was indeed a meningioma.

17 13. No evidence of metastatic lung cancer is seen in subsequent examinations and
18 imaging of Patient A. She was treated in 2008 by a pulmonologist who diagnosed and treated her
19 for bronchiectasis and COPD.

20 14. Dr. Sharda's medical records for Patient A fail to provide complete and accurate
21 information regarding the medical treatment provided to her, any discussions regarding risks,
22 benefits or alternatives of radiation therapy or acknowledgment of further diagnostic studies.

23 **Count I**

24 15. Nevada Administrative Code section 630.040 defines malpractice as the failure of a
25 physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under
26 similar circumstances.

27 16. Nevada Revised Statutes section 630.301(4) provides that malpractice is grounds
28 for initiating discipline against a licensee.

1 17. Dr. Sharda committed malpractice when he proceeded with radiation therapy
2 without any further work-up of Patient A's condition, with the exception of a PET scan, no
3 apparent consideration of the type of colon cancer she had had, and no alternative treatments were
4 considered. Further, Dr. Sharda failed to discuss with Patient A the risks, benefits and alternatives
5 associated with proceeding with five weeks of radiation therapy for the mass, which ultimately
6 was determined to be a benign meningioma. Accordingly, Dr. Sharda is in violation of NRS
7 630.301(4).

8 18. By reason of the foregoing, Dr. Sharda is subject to discipline by the Nevada State
9 Board of Medical Examiners as provided in NRS 630.352.

10 **Count II**

11 19. Nevada Administrative Code section 630.040 defines malpractice as the failure of a
12 physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under
13 similar circumstances.

14 20. Nevada Revised Statutes section 630.301(4) provides that malpractice is grounds
15 for initiating discipline against a licensee.

16 21. Dr. Sharda committed malpractice when he proceeded to treat Patient A with an
17 overly long period of radiation therapy for suspected lung cancer without any further workup of
18 her condition or apparent consideration of her prior pulmonary medical history. Further,
19 Dr. Sharda failed to discuss any risks, benefits or alternatives associated with the radiation therapy.
20 Accordingly, Dr. Sharda is in violation of NRS 630.301(4).

21 22. By reason of the foregoing, Dr. Sharda is subject to discipline by the Nevada State
22 Board of Medical Examiners as provided in NRS 630.352.

23 **Count III**

24 23. Nevada Revised Statute section 630.3062(1) provides that failure to maintain
25 timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care
26 of a patient is grounds for initiating discipline against a licensee.

27 24. Dr. Sharda's records for Patient A are lacking information regarding the medical
28 treatment provided to her, any discussions regarding risks, benefits or alternatives of radiation

1 therapy or acknowledgment of further diagnostic studies and are not complete and accurate
2 records of the care received by Patient A by Dr. Sharda and accordingly he is in violation
3 NRS 630.3062(1).

4 25. By reason of the foregoing, Dr. Sharda is subject to discipline by the Nevada State
5 Board of Medical Examiners as provided in NRS 630.352.

6 **WHEREFORE**, the Investigative Committee prays:

7 1. That the Nevada State Board of Medical Examiners give Dr. Sharda notice of the
8 charges herein against him and give him notice that he may file an answer to the Complaint herein
9 as set forth in Section 630.339 of the Nevada Revised Statutes within twenty (20) days of service
10 of the Complaint.

11 2. That the Nevada State Board of Medical Examiners set a time and place for a
12 formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

13 3. That the Nevada State Board of Medical Examiners determine what sanctions it
14 determines to impose if it determines there has been a violation or violations of the Medical
15 Practice Act (Nevada Revised Statutes Chapter 630) committed by Dr. Sharda; and

16 4. That the Nevada State Board of Medical Examiners make, issue and serve on
17 Dr. Sharda its findings of facts, conclusions of law and order, in writing, that includes the
18 sanctions imposed; and

19 5. That the Nevada State Board of Medical Examiners take such other and further
20 action as may be just and proper in these premises.

21 DATED this 25th day of October, 2010.

22 THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

23
24 By Lyn E. Beggs
25 Lyn E. Beggs, Esq.
26 General Counsel and Attorney for the Investigative Committee
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VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CHARLES N. HELD, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

DATED this 25th day of October, 2010.




CHARLES N. HELD, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 1st day of December 2010; I served a file copy of the Complaint, Patient Designation, along with Fingerprint Information by mailing via certified return receipt to the following:

Jacob Hafter, Esq.
Law Offices of Jacob Hafter & Associates
7201 Lake Mead Blvd., Ste. 210
Las Vegas, NV 89128

Dated this 1st day of December 2010.



Angelia L. Donohoe
Legal Assistant

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